

ACI 435 (Rev. 04/18)		ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS		FOR COURT USE ONLY	
TRANSCRIPT ORDER				DUE DATE	
Please Read Instructions:					
1. NAME Carlos A. Rodriguez Vidal		2. PHONE NUMBER 787-759-4117		3. DATE 13 Feb 2019	
4. DELIVERY ADDRESS OR EMAIL crodriguez-vidal@gaclaw.com		5. CITY San Juan		6. STATE PR	7. ZIP CODE 00918
8. CASE NUMBER 15CV2104(BMJ)		9. JUDGE McGiverin		DATES OF PROCEEDINGS	
				10. FROM 13 Feb 19	11. TO 13 Feb 19
12. CASE NAME					
13. CITY San Juan					
14. STATE PR					
15. ORDER FOR					
<input type="checkbox"/> APPEAL		<input type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT	
<input type="checkbox"/> NON-APPEAL		<input checked="" type="checkbox"/> CIVIL		<input type="checkbox"/> IN FORMA PAUPERIS	
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)					
PORTIONS		DATE(S)		PORTION(S)	
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify Witness)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)					
<input type="checkbox"/> OPENING STATEMENT (Defendant)					
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specify)	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)					
<input type="checkbox"/> OPINION OF COURT					
<input type="checkbox"/> JURY INSTRUCTIONS				<input checked="" type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> SENTENCING				Default Hearing	
<input type="checkbox"/> BAIL HEARING				13 Feb 19	
17. ORDER					
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	AMOUNT COSTS
ORDINARY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
EXPEDITED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
3-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).					
18. SIGNATURE <i>Carlos A. Rodriguez Vidal</i>					
19. DATE 13 Feb 19					
TRANSCRIPT TO BE PREPARED BY					
ORDER RECEIVED BY					
ORDER RECEIVED	DATE	BY			
DEPOSIT PAID			AMOUNT		
TRANSCRIPT ORDERED			AMOUNT	0.00	
TRANSCRIPT RECEIVED			AMOUNT	0.00	
ORDERING PARTY TO BE TELLLED TO PICK UP TRANSCRIPT			AMOUNT	0.00	
PARTY RECEIVED TRANSCRIPT			AMOUNT	0.00	
DISTRIBUTION: COURT COPY TRANSCRIPTION COPY ORDER RECEIPT ORDER COPY					